

**Fee is \$65****STATE OF CONNECTICUT INSURANCE DEPARTMENT****Application for
FRATERNAL AGENT'S LICENSE****Make check payable to: "Treasurer, State of Connecticut"**

For Dept Use Only

Date: _____

Filing Fee: _____

License Fee: _____

(Please Print or Type)

① Soc. Security Number		② N/A		③ N/A	
④ Last Name JR./SR. etc		⑤ First Name		⑥ Middle Name	
				⑦ Date of Birth (month) ____ (day) ____ (year) ____	
⑧ Residence/Home Address (Physical Street)		⑨ P.O. Box		⑩ City	
				⑪ State ⑫ Zip	
⑬ Home Phone Number () -		⑭ Gender (Circle One) Male Female		⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)	
⑯ Business Name					
⑰ Business Address (Physical Street)		⑱ P.O. Box		⑲ City	
				⑳ State ㉑ Zip	
㉒ Business Phone Number () -		㉓ Business Fax Number () -		㉔ Business E-Mail Address	
				㉕ Business Web Site Address	
㉖ Applicant's Mailing Address		㉗ P.O. Box		㉘ City	
				㉙ State ㉚ Zip	
㉛ Assumed Business Name/Trade Name/DBA					

Occupation

31a

Present Occupation _____ Employer _____
What percentage of your time do you devote, or intend to devote, to the solicitation of Fraternal Insurance? _____

AUTHORITY APPLIED FOR:

32a

Lines of authority requested by Fraternal Benefit Society: _____

STATUS:

New License: _____ Reinstatement: _____ (CT Lic # _____) Amendment: _____ (CT Lic # _____)

Background Information**35 The Applicant must read the following very carefully and answer every question:**

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ____ No ____

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?

Yes ____ No ____

If you answer yes, you must attach particulars to this application.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?

Yes ____ No ____

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

Yes ____ No ____

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage?

Yes ____ No ____

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

8. Are you the subject of a child support related subpoena or warrant?

Yes ____ No ____

Certification by Fraternal Benefit Society

35a

Name of Society : _____

Address of Society: _____

Applicant's Name: _____

The undersigned, being a Fraternal Benefit Society authorized to transact fraternal insurance in the State of Connecticut, certifies that the above named individual will be appointed as a fraternal agent of this Society, if the license applied for is issued by the Insurance Commissioner, and that this Society, after investigation, has completely satisfied itself that the individual is trustworthy and completely reliable.

Month Day Year

Certified By

Title